

191—59.7 (510B) Complaints.

59.7(1) Each pharmacy benefits manager shall develop an internal system to record and report complaints. This system shall include but not be limited to the following information regarding each complaint from any pharmacy:

- a.* The reason for the complaint and factual documentation to support the complaint;
- b.* Contact name, address and telephone number of the pharmacy;
- c.* Prescription number;
- d.* Prescription reimbursement amount for any disputed claim;
- e.* Any disputed prescription claim payment date;
- f.* Covered entity benefits certificate; and
- g.* The final determination and outcome of the complaint.

59.7(2) A summary of all complaints received by the pharmacy benefits manager each calendar quarter shall be submitted to the commissioner within 30 days after the calendar quarter has ended. The summary shall include the following:

- a.* Name, address, telephone number and e-mail address for a contact person for the pharmacy benefits manager;
- b.* A summary of the information listed in paragraph 59.7(1) “*a.*,” excluding documentation; and
- c.* The information listed in paragraphs 59.7(1) “*b.*,” “*d.*,” “*e.*,” and “*g.*”

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